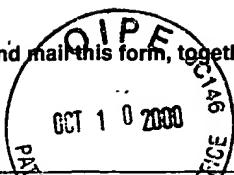


PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with application fees, to: Box ISSUE FEE
 Assistant Commissioner for Patents
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10-12-0

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QMI2/0815

Darby & Darby PC
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 New York NY 10022

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(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/504,732	02/16/00	010	LEWIS, W	3731 08/15/00
First Named Applicant	MARIN,	35 USC 154(b) term ext.	=	0 Days.

TITLE OF INVENTION METHOD FOR ENDOLUMINALLY EXCLUDING AN AORTIC ANEURYSM

10/17/2000 ETULU2 00000094 09504732

01 FC:242 620.00 OP
02 FC:561 30.00 OP

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 0161/19490-U	606-198.000	081	UTILITY	YES	\$605.00 4620.00	11/15/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

1 Darby & Darby

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. Recorded 9/20/96 Reel/Frame: 8133/0776

(A) NAME OF ASSIGNEE

ENDOVASCULAR SYSTEMS, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

CROSS RIVER, NEW YORK

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

 Issue Fee Advance Order - # of Copies 10

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

David Leason Reg. No. 36,195

(Date)

10/10/00

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10/10/00 662822975US Date Label No.

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D B Peck

Name (Print) Signature

D B Peck

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